

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
RICKY R. FRANKLIN

COURT CASE NUMBER
1:19-cv-00684

DEFENDANT
LENDING CLOUD

TYPE OF PROCESS
Summons & Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROCESS
LENDING CLOUD Registered -Agent Edward Winkler
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3181 Prairie Street, Suite 104, Grandville, MI 49418

FILED - GR

September 1, 2020 2:52 PM
CLERK OF COURT
U.S. DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN

BY: tb SCANNED BY: TB/9/1/20

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Ricky R. Franklin
708 Brambling Way
Stockbridge, GA 30281

Number of process as served with this Form 285

1

Number of parties to be served in this case

1

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

The scanned version of this document represents an exact copy of the original as submitted to the Clerk's Office. The original has not been retained.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

678-650-3233

DATE

1/17/2020

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 040

District to Serve

No. 040

Signature of Authorized USMS Deputy or Clerk

Paul B...

Date

9/1/2020

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

9/1/2020

Time

11:46

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Paul B...

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

REMARKS:

Certified mail attempted delivery on 1/27/2020, 2/1/2020, and 2/11/2020. It was returned to USMS as an unclaimed delivery, and unable to forward.

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice

United States Marshals Service
Western District of Michigan
110 Michigan Street, N.W., Suite 744
Grand Rapids, MI 49503
Official Business
Penalty for Private Use \$300



7017 3380 0000 6878 8387

**Restricted
Delivery**

02/52/2022 1 07 284
RETURN TO SENDER
IMMEDIATELY
FORWARD TO ATTORNEY
62120-161950N0800 *688E62E0564 :08

\$13.
US POST
FIRST-CLASS
062500113
FROM

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Lending Cloud/Edward Winkler
31 Prairie Street, Suite 104
Grandville, MI 49418



9590 9402 4223 8121 5264 80

Article Number (Transfer from service label)

17 3380 0000 6878 8387

Form 3811, July 2015 PSN 7530-02-000-9053

1:19-CU-684

Domestic Return Receipt

FINAL NOTICE

Lending Cloud/Edward Winkler
3181 Prairie Street, Suite 104
Grandville, MI 49418

SM L/A
1-27
2-1
2-11